(Agust 1999)     DEPARTMENT OF THE INTERIOR     SUMDRY NOTICES AND REPORTS ON WELLS     SUMDRY NOTICES AND REPORTS     SUMDRY NOTICES AND REPORTS     SUMDRY NOTICES AND REPORTS     SUMMIN NITHELCATE     SUMMIN NITHELCATE NITHE OF NOTICE, REPORT NITHELCATE     SUMMIN NITHELEAN     S	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals     SUBMIT IN TRIPLICATE     SUBMIT IN TRIPLICATE     APR 9.2.2005  1. Tridian, Allottee or Tribe Name  7. Unit or CA Agreement Name and No.     NMNN94538  2. Name of Operator     DEVON ENERGY PRODUCTION COMPANY, LP  3. Address and Telephone No.     20 North Broadway, Ste 1500, Oklahoma City, OK 73102     405-228-8209  4. Location of Well (Report location clearly and in accordance with Federal requirements)*     660 FSL 1980 FEL     O 18 19S 31E     CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OS SUBMISSION     Check Appropriate BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OS SUBMISSION     Check Appropriate BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OS SUBMISSION     Check Appropriate BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     Convert to Injection     Casing Repair     Production (Start/Resume)     Well Integrity     Casing Repair     Plug Back     Deepen     Production (Start/Resume)     Well Integrity     Casing Repair     Plug Back     Depen     Casing Repair     Plug Back     Depen     Convert to Injection     Convert to Injection     Convert to Injection     Convert to Injection     Plug Back     Depen     Convert to Injection     Depriment maters and cons. Affact Mean under weich thereof. If the propriate     determined that the site is ready to final inspection     Recomplete     Dother     Convert to Injection     Recompletion on the Atoka performation and the propriate data of and the operator has     determined that the site is ready to final inspection     Recompletion to WolfCamp     TIS5-10 11516.     Zidio4: Trial Abandonment Notice     Convert to Injection     Recompletion on tore toping has beendowed toperations. Recompleted and not note the	
abandoned well. Use Form 3160-3 (APD) for such proposals     SUBMIT IN TRIPLICATE     SUBMIT IN TRIPLICATE     APR 2.9 2005 T. Unit or CA Agreement Name and No.     International Construction     Internation     Internotament e Internation     Internation     Internation     Inter	
1a. Type of Well       Other       SHUT IN       NIMM94536         2. Name of Operator       ODD::AFT FSUM       8 Well Name and No.         2. Name of Operator       Hackberry 18 Federal 1         0EVON ENERGY PRODUCTION COMPANY, LP       9. API Well No.         3. Address and Telephone No.       30-015-29780         20 North Broadway, Ste 1500, Oklahoma City, OK 73102       405-228-8209         10. Field and Pool, or Exploratory       ////////////////////////////////////	
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14. I hereby certity that the foregoing is true and correct	
Signed Ronnie Slack Name Ronnie Slack Date 4/19/05	
(This space for Federal or State Office use)	
Approved by     Title     Date       Conditions of approval, if any:	
The To C.S.C. Seculor You's, makes it a crime for any person knowingly and willibility to make any department or agency of the United States any raise, includes of national statements or representations to any matter will its jurisdiction.	